

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES	
1. Committee ID #: 3956 2. Type of Filing: Original (Update 2008)	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: Eff. Date: 3. Full Name of Committee (must include Candidate's first and last name):	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) 24. Official Depository Chymical Bank Committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
4c. County of Residence: 4d. Office Sought (Check one):	b. Secondary Depository
Governor Lt. Governor State Senator State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UoffM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court Municipal Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Local or other please specify: Proponing Twp Supero	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed: 6a. Committee Phone #: 989-339-50V3 6b. Committee Fax #:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of
6c. Committee E-mail Address: 55 Tals berg @Charterm; net 7a. Complete Comm. Mailing Address (May be PO Box):	charge to assist you in meeting this requirement. Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. ** OR **
P.J. Box 142 Pinconnins MI 48600	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
3647 MA-N Huron Indonking ME 48650 8. Treasurer Name and Complete Address:	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the
SAME	preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #: 989-239-5043 E-mail Address:	Candidate: Maron Salshey
9. Designated Record Keeper Name and Complete Address:	Current Teasurer: Statsburg
Phone #:	Designated Record Keeper (Required only if filing electronically):
E-man Auditss.	l